

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

STANDARD ANNULAR PRESSURE TEST

Operator OMIMEX ENERGY
 Address 4854 W Angling Rd
Leominster, MA 01453
 Well Name Couch SWD

State Permit No. 28391
 USEPA Permit No. ME-065-20-000
 Date of Test 7/11/13
 Well Type 2D

LOCATION INFORMATION E 1/2 Quarter of the SW Quarter of the NE Quarter
 of Section 24; Range 2W; Township 2N; County Ingham
 Company Representative Jim Bradley; Field Inspector _____
 Type of Pressure Gauge 4 inch face; 1000 psi full scale; 10 psi increments;

New Gauge? Yes ☐ No ☐ If no, date of calibration _____ Calibration certification submitted? Yes ☐ No ☐

TEST RESULTS

Readings must be taken at least every 10 minutes for a minimum of 30 minutes for Class II, III and V wells and 60 minutes for Class I wells.

For Class II wells, annulus pressure should be at least 300 psig. For Class I wells, annulus pressure should be the greater of 300 psig or 100 psi above maximum permitted injection pressure.

Original chart recordings must be submitted with this form.

5-year or annual test on time? Yes ☐ No ☐

2-year test for TA'd wells on time? Yes ☐ No ☐

After rework? Yes ☒ No ☐

Newly permitted well? Yes ☐ No ☐

| Time | Pressure (in psig) | |
|----------|--------------------|--------|
| | Annulus | Tubing |
| 10:00 AM | 330 | 0 |
| 10:15 AM | 330 | 0 |
| 10:30 AM | 330 | 0 |
| 10:45 AM | 330 | 0 |
| 11:00 AM | 330 | 0 |
| | | |
| | | |
| | | |
| | | |

Casing size 4 1/2
 Tubing size 2 3/8
 Packer type R-4
 Packer set @ 3959
 Top of Permitted Injection Zone _____
 Is packer 100 ft or less above top of _____
 Injection Zone? Yes ☐ No ☐
 If not, please submit a justification.
 Fluid return (gal.) 2

Comments: _____

Test Pressures: Max. Allowable Pressure Change: Initial test pressure x 0.03 9.9 psi
 Test Period Pressure change 0 psi

Test Passed ☒ Test Failed ☐

If failed test, well must be shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.

I certify under penalty of law that this document and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See 40 CFR 144.32(d))

JAMES R BRADLEY James R Bradley 7/11/13
 Printed Name of Company Representative Signature of Company Representative Date